

STATE OF MARYLAND
DEPARTMENT OF GENERAL SERVICES
MARYLAND CAPITOL POLICE
REQUEST FOR TRAINING

Date Submitted: _____

NAME: _____ ID# _____ Rank: _____

CURRENT ASSIGNMENT: _____

NAME & LOCATION OF TRAINING: _____

DATES OF TRAINING: _____

ESTIMATED COSTS: TUITION: _____ LODGING: _____

TRAVEL: _____ OTHER: _____

BRIEF COURSE DESCRIPTION OR ATTACH A COPY OF THE COURSE BROCHURE:

Supervisor: _____ Date: _____

APPROVED / DENIED

Assistant Detachment Commander: _____ Date: _____

APPROVED / DENIED

Detachment Commander: _____ Date: _____

APPROVED / DENIED

Training Coordinator: _____ Date: _____

APPROVED / DENIED

(IF TRAINING REQUEST DENIED: ATTACH Form #9b – Training Request Denial)